

You save and email this completed form to:

patientrelations@waypointcentre.ca

The completed form may also be printed and sent by mail to:

Patient Relations Officer, Waypoint Centre for Mental Health Care
500 Church St., Penetanguishene, ON L9M 1G3
Phone: 705.549.3181, ext. 2999

Feedback Form: We want to hear from you!

COMPLIMENT, SUGGESTION OR COMPLAINT

We welcome comments from patients, families, visitors, other service providers and members of the public. See instructions (top right) on how to send us your feedback. Please fill out the areas below:

Date: _____

Are you a: (Check the one that best applies)

- Patient
 Family Member/Friend/Caregiver
 Substitute Decision Maker
 External Health Professional/Agency
 Other

What type of feedback would you like to provide:

- Compliment
 Suggestion
 Complaint

Have you spoken to staff about your feedback?

- Yes
 No

How are we doing? Please describe your feedback:

What would you like to see happen as a result of giving your feedback?

If you would like someone to respond to you, please fill out the following:

Your name: _____

Patient care unit or program if applicable: _____

Phone #: _____ Can a message be left at this number? Yes No

If this form was completed by a staff member on behalf of a patient:

Name of staff member: _____ Unit/Program: _____ Ext.: _____

For staff use only: Date received: _____

Received by: _____ Dept.: _____